PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/068,295 TRANSMIT Filing Date 05 February 2002 For FY 2005 First Named Inventor Mitchell, Oscar Examiner Name Truong, Lechi Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2194 TOTAL AMOUNT OF PAYMENT 555.00 Attorney Docket No. LYRN004US0 METHOD OF PAYMENT (check all that apply) Check ✓ Credit Card L Money Order None 1 Other (please identify): Deposit Account Deposit Account Number: 50-3694 Deposit Account Name: Fortkort & Houston P.C For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity **Small Entity Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 130 50 65 Plant 200 100 300 150 160 20 300 Reissue 150 500 600 12/09/2008 PCHOMP 250 00000032 1006829 200 Provisional 100 0 01 FC:2253 2. EXCESS CLAIM FEES Small Entity 551.00 OP Fee (\$) Fee Description Fee (\$) Each claim over 20 (including Reissues) 50 25 200 Each independent claim over 3 (including Reissues) 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims 22 - 20 or HP = 0 0 0 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Indep. Claims Fee Paid (\$) - 3 or HP ≃ 0 HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) 150 =____ (round up to a whole number) -0-4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) -0-Other (e.g., late filing surcharge): 3-month extension of time 555.00 SUBMITTED BY

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Name (Print/Type) John R. Font on Date 8 December 2008

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